



Administrative Simplification Committee

January 8, 2013

Meeting Minutes

The third meeting of the Bayou Health Administrative Simplification Committee was called to order by Jen Steele, committee chair.

Committee members introduced themselves to others in attendance. In attendance were: Jen Steele, Kellea Tuminello, Felicity Myers, Allison Cooper, Rose Eberhardt, Susie Glowacki, Kevin Bridwell, Greg Ivey, Kyle Viator, Kevin Campbell, Kevin Maddox, Floyd Buras, M.D., Paula Jennings, Joette Smith, Angela Marshall, Cindy Caroon, Dianne Griffin, Destiny Rohmfeld, Ashley Politz, Laura Veazey, Michelle Renee, Susan Badeaux, Sonya Nelson, Melissa Bezet, Madeline McAndrew, Veronica Dent, Erika Williams and Timothy Williams. Present on the phone were: Shan McDaniel, Suzanne Pierce, Angela Olden, Kim Chope, Jode Burkett, April Golenor, Dawn Love, Hexter Bennett, and Gail Williams.

ACA Primary Care Services Update

Jen Steele provided an update on the ACA provision requiring enhanced reimbursement for certain primary care services/providers. Prior to the end of the year, the Informational Bulletin and Attestation form were published. Submission of the attestation form must be completed and mailed to PRISM. Completed attestations received by 3/31/13 will be granted an effective date of 1/1/13. DHH is currently working on a State Plan Amendment as well as working with Molina for claims processing. Following the update committee members raised questions/concerns regarding ACA implementation. Members concerns/questions:

1. **ACA enrollment and Physician reenrollment submission is unclear** - The ACA attestation form is available online at <http://prism.la.gov>. Once completed the form must be sent to PRISM. The form for physician reenrollment is available on www.lamedicaid.com. The form should be completed and sent to PRISM. DHH will post clarification of both submissions and add to the PRISM portal.
2. **Are nurse practitioners or physician assistants eligible for the higher reimbursement when they bill as rendering** – DHH lawyers to provide clarification on what is posted on CMS regarding nurse practitioners and physician assistant eligibility.
3. **Answer to Question 10 on the Informational Bulletin is not consistent with Question 16** – The answer to question 10 should not have included and/or when attesting to Board certification and 60% of Medicaid claims were for E&M codes. DHH to correct.
4. **Clarify that prepaid plans can have non-Medicaid providers** – The prepaid plans can have providers enrolled with their plan that are not enrolled with Louisiana Medicaid.

5. **Can the reenrollment form be made available on same site so all (ACA and reenrollment) can be done at once** – Forms will not be able to be available on same site due to timeliness with transition to CNSI.
6. **What is the volume of reenrollment** – DHH will report at next meeting.
7. **How will provider file indicate effective date for the ACA** – If PRISM receives the attestation by March 31, 2013 then the provider will receive the enhanced reimbursement for eligible services rendered on or after January 1, 2013. If PRISM receives the attestation after March 31, 2013 then the provider will receive enhanced reimbursement for eligible services rendered on or after the date that PRISM receives the attestation. Incomplete attestations received by PRISM will be returned for correction to the mailing address on the form. Eligibility for the enhanced reimbursement will be based on the date of receipt of the corrected attestation by PRISM. Providers can enter their NPI to confirm their attestation form has been received. For those Medicaid providers who are enrolled with a Health Plan, DHH will work on a format/data field to notify the Health Plans when providers are available for the enhanced reimbursement.

After the update on ACA, a follow up from topics covered during the last meetings were discussed.

Pharmacy Form

Shan McDaniel provided a handout of a single pharmacy form to be used for prior authorization by the Prepaid plans. Shan stated that she updated the form and will send the revised version. Revised version was sent out to all committee members on 1/10/2013 by Kellea Tuminello. Prepaid plans will discuss the form with their pharmacy directors and discuss any comments or concerns related the form at the next ASC meeting.

CHS Report

Felicity Myers distributed CHS' document on their policy for initial enrollment, reenrollment and newborn enrollment. Also documented is their policy on reimbursement for services provided to newborns. Felicity verified that if a provider is not a Medicaid provider, CHS does not authorize services.

Prior Authorization Procedures

Kevin Bridwell stated that Monet Faulkner will be able to discuss LHA concerns for policy and procedures for submitting prior authorizations at the next ASC meeting.

Appeal, Grievance and Complaint

Maddie McAndrew read the definitions of provider compliant and provider appeal from the Contract. Kevin Bridwell questioned how are they measured and how is this reported to DHH since the Bayou Health Plans may have different processes. Section 10.6 of the Contract provides an explanation of the plans responsibility of establishing a provider compliant system. A concern of Kevin's is the problem with the resolutions and accountability. DHH will bring data from reports provided by the health plans to next ASC meeting.

Pharmacy form for PA of Medicines

Dr. Buras stated that the Pharmacy formulary provided by the health plans should be created alphabetically and searchable. Recommended would be a Pharmacy approved drug list search listed alphabetically by brand name and generic. Another concern is that 4 out of the 5 health plans' Chief Medical Officer (CMO) are not pediatricians. CHS is the only plan who has a pediatrician as their CMO. Dr. Buras also stated that step therapy is a problem for Medicaid patients. Most Medicaid patients can't afford to get past step 1 (over the counter) which causes them not to be able to get their needed prescription.

Another topic of concern was addressed by the committee regarding pharmacy. The time to get a prior authorization for prescription needs to be expedited. The Prepaid plans stated that there was a blast fax that was published concerning 72 hour supply. This fax states those pharmacists are required to give a 72 hour supply for continuation of medicine. Kellea Tuminello emailed a copy of the blast fax to the committee on 1/10/13. Recommended for next meeting is to invite the health plans' chief medical officer and pharmacy director.

Additional Items

Mentioned during the meeting was the limitation on ultrasounds for maternal fetal medicine. Shan McDaniel will send specifics.

There needs to be a clear list of fee schedule for vaccine/immunizations for children.

Shan McDaniel addressed the issue of not providing the TPL code when providing the TPL carrier information sent by the health plans. When letters are sent back with information on a carrier, send the TPL code of coverage. Naming the plan and TPL code associated would be helpful.

During the shared plan webinar there was mention of QMB have 3 types. The types of QMB coverage are listed below:

1. QMB only – Formerly Pure QMB. Eligible only for Medicaid payment of deductibles and coinsurance for all Medicare covered service.
2. QMB Plus – Formerly Dual QMB. Eligible for Medicaid payment of deductibles and coinsurance for all Medicare covered services as well as for Medicaid covered services.
3. Non QMB. Eligible for only Medicaid covered services.

From the discussion, action items for follow up for the March meeting were identified:

1. Clarification on the difference between PRISM reenrollment and ACA attestation form. (add to PRISM website)
2. DHH to determine how provider file transferred to plan will indicate effective date for enhanced reimbursement under ACA (format/data field).
3. DHH to report on volume of attestation forms received.
4. Plans to report on Pharmacy formularies for searchable and alphabetically.
5. Invite CMO and Pharmacy Directors to the next ASC meeting.
6. Feedback by the health plans on the pharmacy form provided in the meeting.

7. Any questions regarding Pharmacy must be sent to DHH by 1/31/2013 to be able to provide answers at next ASC meeting.
8. Reporting on grievance, appeals and complaints
9. Limits on ultrasounds
10. Update and Health Plan advisory for RUM.
11. Monet Faulkner to update issues regarding hospital PA Procedures.
12. Bill Perkins to discuss process for TPL
13. Gail Williams and Stephanie Young to report on vaccines for children.

Meeting adjourned.